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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	METHODS OF TREATMENT AND DIAGNOS AND KS RELATED DISEASES	SIS OF KAPOSI'S SARCOMA (KS)
As the belo	ow named inventor(s), I/we declare that:	
This declara	ration is directed to:	
	The attached application, or	
	Application No. <u>10/541.598</u>	, filed on January 6, 2004 ,
	as amended on	(if applicable);
I/we believe sought;	e that I/we am/are the original and first inventor(s) of the sub	ject matter which is claimed and for which a patent is
	reviewed and understand the contents of the above-identified at specifically referred to above;	application, including the claims, as amended by any $\dot{}$
material to became av	wledge the duty to disclose to the United States Patent and T patentability as defined in 37 CFR 1.56, including for continual vailable between the filing date of the prior application and in-in-part application.	uation-in-part applications, material information which
to be true, a punishable	ents made herein of my/own knowledge are true, all statements and further that these statements were made with the knowled by fine or imprisonment, or both, under 18 U.S.C. 1001, and ring thereon.	ge that willful false statements and the like are
	ne: Ashlee Moses	Citizen of: South Africa
Inventor two	o: Klaus Fr นัก	
Signature: _	.\	Citizen of: Germany
Inventor thre	ree: Jeffrey S. King	
Signature: _		Citizen of: US
Inventor fou	ur: _James B. Hicks	
Signature: _		Citizen of: US
✓ Additi	tional inventors or a legal representative are being named on	1 additional form(s) attached bereto

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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I/we have re amendment	reviewed and understand the contents of the above-identified application, including the claint specifically referred to above;	ms, as amended by any		
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.				
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.				
FULL NAME	ME OF INVENTOR(S)			
Inventor one	ne: Ashlee Moses			
Signature: _	Citizen of: South Africa			
Inventor two	vo: Klaus Früh			
Signature: _	Mary Free Citizen of: Germany			
Inventor thre	ree: Jeffrey S. King			
Signature: _	Citizen of: US			
Inventor fou	ur: James B. Hicks			
Signature:	Citizen of: US			
✓ Additi	itional inventors or a legal representative are being named on1additional for	m(s) attached hereto.		

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Title of Invention	METHODS OF TREATMENT AND DIAGNOSIS OF AND KS RELATED DISEASES	F KAPOSI'S SARCOMA (KS)		
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	The attached application, or			
	Application No. <u>10/541.598</u> , filed of	on _January 6, 2004,		
	as amended on	(if applicable);		
I/we believe sought;	re that I/we am/are the original and first inventor(s) of the subject mat	tter which is claimed and for which a patent is		
I/we have re amendment	reviewed and understand the contents of the above-identified applicated application and understand to above;	tion, including the claims, as amended by any		
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FULL NAME	IE OF INVENTOR(S)			
	ne: Ashlee Moses			
Signature:		Citizen of: South Africa		
Inventor two	ло: Klaus Fr üh			
Signature: _	\	Citizen of: Germany		
Inventor thre	ree: Jeffrey 8: King			
Signature: _	John D. Pa	Citizen of: US		
Inventor fou	ur: James B. Hicks			
Signature:	<u> </u>	Citizen of: US		

Additional inventors or a legal representative are being named on 1 additional form(s) attached hereto.

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2			
Name of Additional Joint Inventor, if any	Name of Additional Joint Inventor, if any:		n has been filed for this u	nsigned inventor	
Given Name (first and middle (if any))	Family Name of	or Surname		
Camilo Raggo					
Inventor's Signature & and & agga	<u> </u>			Date	
Residence: City	State	c	ountry	Canada Citizenship	
Mailing Address	·				
City	State		Zip	Country	
Name of Additional Joint Inventor, if any	A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any)	Family Name or Sumame				
Jay Nelson					
Inventor's Signature				Date	
Residence: City	State		Country	us Citizenship	
Mailing Address					
City	State		Zip	Country	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Sumame			
Inventor's Signature				Date	
Residence: City	State		Country	Citizenship	
				-	
Mailing Address					
City	State		Zip	Country	

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DECLARATION		ADDITIONA Supplemental	AL INVENTOR(S) Sheet	Page 2 of 2	
Name of Additional Joint Inventor, if an	v.	A petition	n has been filed for this u	insigned inventor	
	····	T	-	insigned inventor	
Given Name (first and middle (if any) Camilo Raggo	<i>1</i>	Family Name o	or Surname		
Carino rioggo		J		1	
Inventor's Signature				Date	
Residence: City	State	Co	ountry	Canada Citizenship	
Mailing Address		:			
City	State		Zip	Country	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor				nsigned inventor	
Given Name (first and middle (if any))	Family Name or Sumame			
Jay Nelson					
Inventor's Signature	·			Date	
Residence: City	State	•	Country	us Citizenship	
Mailing Address				•	
City	State		Zip	Country	
Name of Additional Joint Inventor, if any	A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Sumame			
Inventor's Signature				Date	
Residence: City	State		Country	Citizenship	
Mailing Address					
City	State		Zip	Country	

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Additional form(s) attached herein.

The 4-fiction of intercape is representation and being named on a regions to extend being the public which is to the first of intercape in the process of receiver an additional form(s) attached herein.

The 4-fiction of intercape is a reduced by 35 U.S.C. 115 and 27 Ceft 1.53. The intermal on a regions to extend to be the first of the first of

If you need as only include completions the form, the 1-200-PYD-4194 and entitle option 2

Citizen of: US